

The Windmill Medical Centre

Windmill Lane, New Street, Skerries, Co. Dublin.
Phone: 01 8495500, Fax: 01 8495413

Repeat Prescription Request Form

Name:-

Address:-

Date of Birth:-

Contact No.:-

Date:-

I require the following Medication:-

(you must clearly state the medications you require – we can not accept “Usual meds”/As per last month – Please clearly print what you require.

1.
2.
3.
4.
5.
6.
7.
8.
9.

Doctor: _____

Regular Pharmacy: _____

Before requesting a Repeat Prescription Please:

- Allow 48 Hours for Processing
- Please check there are no further repeat prescriptions with your Chemist before making your request.
- Only request the items you need
- Inform us of any changes made by any other doctors you may attend. Check your Prescription is correct yourself before leaving the surgery

Your Prescription will be emailed to your pharmacy – Please phone reception to clear any outstanding charges for this request
15.00 Euro for Private Repeat Requests.

---For Office Use Only---

Medication Review

TCI Doctor

TCI Nurse

TCI Blood Test

Specific Instructions:

Doctors Signature:- _____

Date: - _____